



1FW

PTO/SB/122 (09-04)

Approved for use through 7/31/2006. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|---|----------------------|---------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 10/796,217 |
| | Filing Date | March 8, 2004 |
| | First Named Inventor | Abhinav Gupta |
| | Art Unit | 2162 |
| | Examiner Name | Stevens, R. |
| | Attorney Docket No. | 50277-2328 |

Please change the Correspondence Address for the above-identified application to:

| | |
|---|-------|
| <input checked="" type="checkbox"/> The address associated with Customer Number: | 42425 |
| OR | |

| | | | | | |
|---|--|-------|--|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Country | | | | | |
| Telephone | | | | Fax | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

| |
|--|
| <input type="checkbox"/> Applicant/Inventor |
| <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |
| <input checked="" type="checkbox"/> Attorney or Agent of record. Registration Number <u>35,894</u> |
| <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____ |

| | | | |
|--|---------------------------|-----------|----------------|
| Typed or Printed Name | Brian D. Hickman | | |
| Signature | | | |
| Date | December <u>20</u> , 2006 | Telephone | (408) 414-1080 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below". | | | |

| |
|---|
| <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted. |
|---|